

Registration Form

General Information:

Name: _____

Age: _____ Grade: _____

Address: _____

City: _____ Date of Birth: _____

Postal Code: _____ Home Phone: _____

Parent/Guardian Information:

Custodial Parent #1: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

How did you hear about the screening?

- I, or my family member, have participated in YWCA programs or events in the past
- Friend or relative
- School
- YWCA Cambridge Social Media
- YWCA Website
- Mailing from YWCA
- Other: _____
(please specify)

Mature Content Warning:

Please be advised that Miss Representation contains some strong language and very powerful images. The film mentions forms of violence including both domestic violence and sexual assault.

Media Consent:

Your child may participate in an event or activity at the YWCA Cambridge where photos/video or audio recordings of participants may be taken for the purpose of representing the YWCA Cambridge on and in promotional materials for YWCA Cambridge.

MISS REPRESENTATION.ORG

Parents with children or youth under the age of 18 must sign this consent form in order to protect your child's safety and privacy.

I give consent to have photos/video/film/audio of my child taken and used in the promotional materials for the YWCA. My child's image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by YWCA Cambridge.

I accept: **I decline:**

Parent/Guardian Signature: _____ Date: _____

Alternate formats of information are available upon request.